

The Office of Family Planning (OFP) will use your feedback to modify and improve the Family PACT Provider Profiles project.

Step 1: Verify contact information. It is essential that the physician owner or medical director of the practice receive this packet. If the contact information below is incorrect or missing, please line out and note corrections. Please be aware that this will only update the OFP provider contact list and will not update your Medi-Cal Provider Master File*.

Provider ID: _____ Telephone: _____
 Clinic Name: _____ Fax: _____
 Address: _____ Email: _____
 _____ Website: _____

Medical Director: _____

Prefix First name Middle name Last name

Direct line: _____ Fax: _____ Email: _____

Administrator: _____

First name Middle name Last name

Direct line: _____ Fax: _____ Email: _____

Step 2: Review the Provider Profiles (graphs). Also review the interpretation and methodology documents. For providers that served less than 50 clients in the six month period, the overall program report can be viewed on the Family PACT website or a copy may be requested by contacting OFP (see contact information below).

Step 3: Complete the response form on the back. Even though you may have completed a previous response form for a previous profile, it is important that you complete this one as well.

Step 4: Comments. If you have comments or questions beyond those covered on the back of this form, briefly explain below. If you prefer, you may email your comments or contact OFP by telephone (see contact information below). When calling, emailing, or faxing your comments, please include your Family PACT Provider Number. *Please print clearly. If the space provided is insufficient, attach a separate sheet.*

I wish to have one-to-one contact with OFP ☐ No ☐ Yes (Complete information below)

Please print clearly

Contact name: _____ Telephone (direct line): _____
 Title: _____ Best day(s) to call: _____
 Email: _____ Best time(s) to call: _____
 Reason for contact: _____

Step 5: Return this form (front and back) within 30 days of receipt. You may submit this form to OFP via fax, mail, or scan and email.

To contact OFP regarding information provided to you in this profile:

ATTN: PROVIDER PROFILES
 Department of Health Services
 Office of Family Planning
 P.O. Box 997413, MS 8400
 Sacramento, CA 95899-7413

Phone: (916) 650-0414
 Fax: (916) 650-0454
 Email: fampact@dhs.ca.gov
 Web site: www.familypact.org

Provider ID: _____
 Clinic Name: _____

Review the Provider Profile (graphs), including methodology and interpretation as needed, then respond to each item that corresponds to each indicator (graph).

	A. This indicator and its interpretation is understandable as presented.	B. This indicator is useful (will be shared with staff and/or will be used to improve clinical practice).	C. This indicator appears to be an accurate representation of the Family PACT clients in this practice.	D. If you received a previous profile , did your score lead to changes in your practice?
Circle: 1= Strongly agree 2= Agree 3= Neither agree nor disagree 4= Disagree 5= Strongly disagree				
1. Average Reimbursement per Client	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
2. Encounters per client	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
3. Pregnancy Tests Per 100 Encounters	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
4. SSN Reporting Among U.S. Born Adults	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
5. Chlamydia Screening, Women Under 26	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
6. Chlamydia Screening, Women 26 and Over	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
7. E&M Visits Coded 99214	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
8. E&C Visits Coded Z9754	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	YES NO
9. If there is a unique characteristic of your practice or your Family PACT client population that may influence interpretation of your profile and you wish to share this with OFP, please explain briefly the characteristic and which measure(s) are influenced. <i>Please print clearly. If the space provided is insufficient, attach a separate sheet.</i>				
10. If there are other indicators you would like to see included in future profiles, specify:				
Space reserved for office use only				
TC	SC	RS	UC	OT
Int _____	Dt _____	Cmt _____		